CVR CLAIM FORM FOR DISABILITY VERIFICATION

THIS FORM IS TO BE COMPLETED BY THE DOCTOR WHO TREATED THE VICTIM

CVR NUMBER: _____ _____

VICTIM: _____ _____

CLAIMANT: _____

DATE OF CRIME: _____

CLAIMANT INSTRUCTIONS:

1) Give the form to the doctor or dentist who treated the victim and ask that it be returned to you.
2) Attach the completed form to your claim.
3) Give to your claim investigator.

PROVIDER INSTRUCTIONS:

1) Please complete this form on behalf of victim.
2) Return completed form to victim/claimant.
3) Please print clearly or type.

ABOUT THIS FORM

1) A claim has been made under the Crime Victim's Reparations Act under LA. R.S. 46:1801-1822 by the above named victim for injuries sustained on the date shown.
2) The victim has reported that you are/have been treating them for their injuries. The victim has provided us with a written release to obtain and review their medical records. The information you provide will be used to verify information already provided by your patient. It will be confidential.
3) Only a surgeon, medical doctor, oral surgeons, psychiatrist and ophthalmologists can determine disability.

Briefly describe the extent of injuries and treatment rendered:

_____

_____

_____

Was treatment provided necessary as a result of the crime? ____ No ____ Yes

Did the crime related injury aggravated or accelerate a pre-existing condition? ____ No ____ Yes

If yes, explain: _____

_____

Was the patient ABLE to return immediately to normal job duties as a result of injuries or emotional distress?

_____Yes ____ No **If no**, please list dates of disability: From: _____ to _____.

List medication(s) prescribed as a result of injury: _____

Prognosis: Treatment plan, estimate of duration _____

_____

CERTIFICATION

I hereby certify that the above report truly and correctly sets the history, my findings, diagnosis, and opinion.

_____ _____ _____

Practitioner's Signature License Number Date

_____ _____

Printed Name Telephone Number

_____

Completed Address

Note: You may attach additional remarks or write on the back of this form.